		PAIENI	APPLICA	ATION FE	E DETER	RMINAT	10N RECO	n of Informatio	n unless it	displays a valid	OMB control ent	
		Substitute for Form PTO-875 CLAIMS AS FILED - PART I								Application of Docket Number 10 724,347		
1	(Column 1) (Column 2)							SMALL ENTITY		. 0	THER THAI	
1	BASIC FEE		NUMBER FILED		NUMBER EXTRA				(OR SM	SMALL ENTIT	
-	(37 CFR 1.16(a)) TOTAL CLAIMS					CATICA	RAT	FEE		RATE	FE	
	(37 CFR 1.16(c))	minus 20 =				$\frac{1}{x}$ $\frac{s}{25}$		OR	PR .	. 5	
L	INDEPENDENT (37 CFR 1.16(b)	CLAIMS	minus 3 =					I	0	R xs50		
	MULTIPLE DEPENDENT OF ANY CO.						x s 100)_	01	200	<u>.</u> . J	
- 1							+s.180) ·	OF	2100		
	"If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		7	<u> </u>		
	CLAIMS AS AMENDED - PART II				ΤII			<u> </u>	OF	TOTAL		
L	(Column 1)						•					
1	3 3 1	CUA	MINING	HIGH	EST	Column 3)	SMAL	1 7001	OF	HTO F	ER THAN	
AMENOMENT	ا الا	4 AMENO	rer	PREVIO	DUSLY	RESENT EXTRA	RATE			RATE	LENTITY	
1	To(al (3) CFR 1,16(c)	1		us "32	FOR =	-		TIONAL FEE		TOUTE	. ADOI-	
A N	Independent (31 OFR 1.16(b)	1 3	Min		= /	/	x s 25 =		OR	× 50 =	FEE	
. A	FIRST PRESENTATION OF MUIL TIPLE DESCRIPTION						x s 100=		OR	x s 20Q	 	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ s_180=		OR	+5360	 	
		•					TOTAL ADO'L FEE	1	OR	TOTAL	 	
æ	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								J 9	ADD'L FEE	L	
	.	REMAIN AFTE	R I	NUMBE	R PRE	ESENT	RATE	-IOOA] .		· · · · · ·	
AMENDMENT	Total profit i. 16(d)	AMENDA	ENT Minus	PAID FO				TIONAL		RATE	ADDÍ: TIONAL	
Ä	Independent (37 CFR 1.16(6))	 	· 'Minus	1			x s 25 =		OR	x s 50=	FEE	
AM	FIRST PRESSURE						x s 100=		OR	x s 200=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s180=		OR	+260		
										TOTAL		
		(Column CLAIMS		(Column	2) (Colum	ma 3)			OR	ADD'L FEE		
AMENDMENT C		REMAININ	1G	HIGHES	PRES	SENT	RATE		Г			
	Total	AMENDME	TN	PREVIOUS PAID FOI	EXT	RA	10,16	ADDI- TIONAL		RATE	ADDI-	
9	(37 CFR 1.16(c))		Minus		= :		x s 25	FEE	-	×0	TIONAL FEE	
影	(37 CFR 1.16(6))		Minus		=		x s 100		-	x s 50 =		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ 5180=	<u> </u>	OR ;	× s 2000		
									OR L	. 360.		
•	If the entry in co If the Highest N If the Highest N	olumn 1 is les: lumber Previo	s than the entr	y in column 2,	write 0 in a	olumn 3,	ADD'L FEE			OTAL ADD'L FEE	. =	
	If the "Highest N The "Highest Nu	lumber Previous	usly Paid For	M THIS SPA	UE is less tha DE is less tha	in 20, enter	r 1201, 131			-		

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS